

THE MEDICAL NEWS AND LIBRARY.

VOL. XVI.

FEBRUARY, 1856.

No. 182.

CONTENTS.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Tubercular Diseases of the Lower Lobe of the Lung	17
Excision of the Knee-Joint	17
The Important Point in the After-Management of Excisions of the Knee-Joint	18
Necrosis of the Articular Surface of the Femur	18
Excision of the Tongue	19
Spina Bifida submitted to Operation	19
Hypertrophy of the Penile Integuments Removed by the Rerasseur	20
Varicocele of the Left Spermatie Veins	20
Erectile, deeply-placed Nævi—Difficulty of Diagnosis	20
Linear Extraction of Soft Cataract	21

CLINICAL LECTURE.

Abstract of a Clinical Lecture on the Chronic Contraction of the Liver (Cirrhosis), and on the Chronic Enlargement of that Organ	22
--	----

MEDICAL NEWS.

Domestic Intelligence.—Sorghum Saccharatum	24
American Medical Association	25
Bellevue Hospital	26
Consolidation	26
Physicians' Pocket Day-Book	26
Registration of Births, Marriages, and Deaths	26

Foreign Intelligence.—Antidote to the Alkaloids of Belladonna, Stramonium, and Hyocyamus	26
Dry Cupping in Typhoid Fever	27
Treatment of Intermittent Fever by Douches of Cold Water	27
Coffee and Lemon Juice in Ague	27
Iodine in Obstinate Vomiting of Pregnancy	27
Ointment for Tinea Tarsi	27
The Caustic Mania Spreading in France	27
Influence of Sickness in Reducing the Strength of an Army	28
Loss of French Troops in the Crimea	29
Mortality amongst the Russian Army Medical Officers	29
New Process for Making Bread	29
Insanity and Crime	30
A Variorum Edition of the Siamese Twins	30
General Hospital at Vienna	31
Subjects in Vienna	31
Dr. Scoutetten	31
MM. Andral and Berard	31
Medical Reform	31
Influenza in England	32
Medical Students in Paris	32
Medical Students in Dublin	32
Yellow Fever in Lisbon	32
Cholera	32
Prizes	32
Faculty of Medicine at Paris	32
Sydenham Society	32
Obituary Record	32

HABERSHON, DISEASES OF THE ALIMENTARY CANAL, 16 PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Tubercular Disease of the Lower Lobe of the Lung.—An interesting example of tubercular disease, occurring chiefly in the lower lobe of the left lung, has just occurred in the practice of Dr. Johnson at King's College Hospital. The patient, a young man, was admitted with evidences of complete solidification of the affected lobe, which was gradually superseded by those of softening, and of the formation of a cavity. At the same time there were no physical signs of disease in either apex. His illness, from the commencement to the fatal event, was only two months. The autopsy confirmed the diagnosis, and showed a tubercular cavity surrounded by much consolidation in the lower lobe, while only a few

scattered miliary deposits existed in the apices. Dr. Johnson remarked that the disease had in all probability been localized by an attack of pneumonia, on which the tubercularization had supervened, constituting what some had designated "strumous pneumonia." The occasional limitation of tubercular disease to the lower lobes of the lung is a circumstance which should always be borne in mind in dealing with obscure cases. In hospital and dispensary practice, especially where large numbers have to be seen in a short time, it is too much the routine to examine only the infra-clavicular regions.—*Med. Times and Gaz.*, Dec. 5, 1857.

Excision of the Knee-joint.—At the last meeting of the Medical Society of London, Mr. Price brought forward a paper on resection of the knee-joint for articular disease.

Published monthly by **BLANCHARD & LEA**, Philadelphia, for One Dollar a year; also, furnished gratuitously to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XVI.—2

The subject was divided into four heads. 1. Facts were adduced to prove that the operation could be, with admirable success, resorted to in children of an early age, and that the subsequent results were highly encouraging. There was now no question about its value in adults; and, although no facts could be advanced, the author was of opinion that a recourse to excision in patients passing from the prime of life was, for many reasons, superior to amputation through the thigh. 2. The importance of a correct understanding as to the condition of the general health of the sufferer before submitting him to such a proceeding was fully considered; yet the author, from experience, could contradict the usual opinions, that the operation was one attended with very considerable shock in debilitated patients. It was by no means uncommon to see a patient, who had been for a considerable period a martyr to pain and agony from continued ulceration of the joint, express immediate relief from the operation, and, instead of the vital powers sinking, the contrary effect was to be often noticed. In the third division the nature and extent of the disease was discussed. Water-coloured drawings exhibited the diseases of most uncommon occurrence, taken from cases under the care of the author and various surgeons. Disease confined to the articulation, malignancy, of course, not included, could always be treated by resection, with but one exception,—diffuse strumous infiltration of the heads of the two cylindrical bones—provided other circumstances were not incompatible. The extent of morbid action, as a matter of common sense, greatly influences the question of resection. Lastly, the subsequent treatment was dwelt upon at some length. A model of the splint used by the author, with a limb duly dressed, and in position, illustrated the simplicity of the subsequent management; while a reference to many cases in King's College Hospital showed the great advantage to be gained by its use. —*Med. Times and Gaz.*, Dec. 5, 1857.

The important Point in the After-Management of Excisions of the Knee-Joint.—We wish to draw especial attention, as we have indeed already repeatedly done, to the exceeding importance in the after-treatment of these resections, of keeping the limb in entire rest for a long period. As soon as all bleeding has ceased the limb should be dressed and carefully secured in a straight

position on a back splint with movable sides. It may then be swung in the manner now so generally employed. In padding and fitting the back splint in the first instance, in securing also that there is no hurtful pressure on the heel or on either malleolus, the utmost care should be exercised, for this part of the apparatus ought not to be removed until consolidation has taken place. As the side splints are movable, no difficulty will be met with in dressing the wound, and the pads, etc., should be secured from soiling by oil-silk. Among the causes of failure after this operation, no single one can, we feel sure, claim so many limbs as the too early change of splints. The over anxiety of the operator in, it may be, his first case, to ascertain that all was doing well, to know whether consolidation had commenced, etc., has, in not a few instances, been the very means of defeating his wishes. It is not "meddlesome midwifery" only which is "bad." Repeatedly has it happened that all was doing excellently well, the limb perfectly straight, etc., up to, it may be, the sixth, tenth, or fourteenth day, the day of the first complete dressing; that then the bones got displaced, and could never after be restored to position. If an operator be conscious of any moral infirmity in this direction, he ought at least to take the precaution of dividing the hamstring tendons, but even then his cases must not be expected to do as well as those of surgeons who have a large stock of patience.—*Med. Times and Gaz.*, Dec. 12, 1857.

Necrosis of the Articular Surface of the Femur.—An operation of a novel character was attempted at St. Thomas's last Saturday, but was prevented from completion by the circumstances of the case. It was to have consisted in a no less bold measure than the removal of a sequestrum from the very articular facet of the femur, and the saving of the limb without any resection procedure. A cachectic man, worn down by diseased knee-joint, was placed on the table, his left knee being greatly swollen, and presenting several sinuses on its inner side. Mr. Simon, the operator, remarked that a careful examination of the part, added to the history of the disease, induced him to believe that a small sequestrum either in the head of the femur or the tibia existed, and this he proposed to remove, intending at the same time to make such incisions as

would permit of an excision being performed, if needful. A curved incision was carried from one side of the joint to the other, in the usual manner for resection, the ligament of the patella cut through, and the flap reflected upwards. The interior of the joint was now freely displayed by bending the limb, and cutting what remained of ligamentous impediment. The cartilage was found removed on almost all parts, the osseous surfaces were extensively ulcerated, and the joint contained grumous pus and loose lymph. On examining the articular surfaces of the bones, two necrosed and loose portions, about the size of shillings, and a third of an inch thick, were discovered in the inner condyle, and easily taken out. Mr. Simon now washed the wound well, and proceeded to replace the limb in the straight position. This, however, was found to be impossible, as the bones could not be reduced until the condyles had been sawn away, and the operation converted into an ordinary excision. Mr. Simon afterwards explained that his view was, that when sequestræ existed in the cavity of a joint, they were the sole causes of the continued irritation, and that their removal was the only resource necessary. He felt much disappointed at not having been able in this instance to carry out his original intention. The patient a week after the operation was doing well.—*Med. Times and Gaz.*, Nov. 14, 1857.

Excision of the Tongue.—On the 8th inst., at noon, there was great excitement exhibited in the surgical ward and operating theatre of the Royal Infirmary, Edinburgh, resulting from the expectation of a very formidable surgical operation taking place that morning. The patient had for a long period suffered from cancer of the tongue, and Professor SYME had determined upon removing the organ bodily. Shortly after twelve o'clock, the man was led into the theatre, placed upon the table, and quickly rendered powerless through the influence of chloroform. Mr. Syme commenced by making a vertical incision through the integument covering the chin, and then sawed through the lower jaw at the symphysis. The division being made, he next proceeded to cut away the tongue at the very root, close to the hyoid bone. The arteries were quickly tied, and the hemorrhage was comparatively little, the man having lost only a

few ounces of blood. The jaw was again placed together, and the integument sewed up. The patient was able to walk out of the room. At the close of the operation, Professor Syme remarked that the removal of the tongue bodily had been successfully performed in Italy, but the *modus operandi* was of a different nature, the incisions having been made entirely in the throat; but he considered that that mode was attended with more danger than the one he had chosen to adopt. The patient has continued well ever since, being fed with a tube. He can now, however, swallow, and a few days after the operation he spoke, or, rather, breathed out the word "milk." He is cheerful, and gives every hope of recovery.—*Lancet*, Dec. 19, 1857.

Spina Bifida submitted to Operation.—It is very rarely that cases of spina bifida come under our notice in hospitals as the subjects of treatment, the affection being generally left to nature as one irremediable by art. About three years ago, Mr. PAGET attempted to produce obliteration at the neck of one of very large size, by passing around it a ligature, which was to be made to cut its way gradually. The child, however, a very fine one, died before the ligature had come away. Since then, two cases were treated at University College Hospital by Mr. Quain and Mr. Erichsen respectively, and both ended fatally after operations. In a fourth, under the care of Mr. Hutchinson, a simple puncture and withdrawal of fluid was followed by fatal arachnitis of the cord, pus having been secreted into the sac. Last week, a very interesting case was operated upon by Mr. Borlase Childs, at the Metropolitan Free Hospital, and, we are sorry to say, has conformed to the general rule as to result. The child, a remarkably healthy one, was a month old, and quite free from any cerebral affection. On its back, over the last lumbar and first sacral spines, was a sac the size of a pigeon's egg, to which the skin adhered very closely, and over the centre of which the coverings were very thin. Still, ulceration was not at all immediately threatening, and about its base the integuments were thick and sound. Thinking that it would be practicable to push the serous sac back into the spinal canal, and retain it there by pressure, Mr. Childs determined to dissect up the skin from over it, and then cut away the thinned portion, and unite the

sound parts across. This was done; but, owing to its close adhesion, the sac itself was wounded in two or three places. The skin was united on hare-lip pins. The operation, from the difficulty of the dissection, lasted a considerable time, during the whole of which the infant was under the influence of chloroform. Several times it became alarmingly rigid, whether from the anæsthetic or the irritation of the cord, it was difficult to say. It remained very restless and ill afterwards, and died on the following morning.

The triumphs of operative surgery in dealing with cases of spina bifida have, we suspect, been very few indeed; and, remembering that it is a disease in which, every now and then, a spontaneous cure is effected, it may fairly be held doubtful whether any of the proceedings hitherto practised are really justifiable.—*Med. Times and Gaz.*, Nov. 28, 1857.

Hypertrophy of the Penile Integument removed by the Ecraseur.—Occasionally we see the ecraseur used at some one of the hospitals, to remove some redundant growth or condemned organ, just to let the student see the nature of the instrument. One of the objections to a modified form of this instrument, which is manipulated by turning a screw at the handle, is, that one end of the chain only is drawn through the canula, and thus compressing and pushing round one side of the mass undergoing the process of crushing. This we saw improved in an instrument manufactured by Mr. Ferguson, of Giltspur-street, which permits of the slow but continuous turning of the screw at the handle, and at the same time drawing both sides of the chain into the canula, thus equally compressing the diseased mass. This was the suggestion of Mr. Skey, jun. Its application we saw practically on November 14th upon a young man who had hypertrophy of the integument surrounding the body of the penis—a condition remaining after former disease many years ago; in fact, the glans penis was regularly scarred and pitted as if by smallpox, but of course resulting from a pock of greater potency. The instrument worked very well, and had nearly severed the tumour, when the chain near the handle broke. Its pedicle was therefore snipped off by Mr. Skey with a scalpel, and not a drop of blood was manifested. There can be no doubt that the in-

strument is useful and convenient enough in such cases as these; but we have seen the chain break so many times, or some disaster occur in its use, that we think we may safely assert that it will shortly be exhibited by the surgeon as a thing that received a fair trial in its day, and was found not to answer. The results of the operation, however, in the removal of the growth, were perfectly satisfactory.—*Lancet*, Nov. 28, 1857.

Varicocele of the left Spermatic Veins.—Two cases of this affection have lately been under the care of Mr. Price, one at the Great Northern Hospital, and the other at the Blenheim Free Dispensary, both occurring in young men under twenty years of age.

The first instance appeared in the person of a lad, aged sixteen, a telegraph messenger. A blow on the left side of the scrotum, some few years since, was the supposed cause of the mischief. The constant exercise consequent upon his employment not only rapidly increased the symptoms of varicocele, but compelled him, through severe pain, to seek a radical cure. A double silk ligature of moderate substance, was passed subcutaneously around the enlarged veins, and drawn with moderate tightness. The patient was enjoined rest, and remaining an out-patient; and the ligature coming away in twenty days, left the veins obliterated, and the patient free to resume his employment.

The other case, occurring in a young man, aged nineteen, is remarkable for the size the veins have obtained without causing any local disturbance, or pain or alteration in the size and functions of the testicle. The tumour caused by the varicose state of the veins, is as large as a small bunch of grapes. The affection appears to be of many years' duration, and has never caused a day's uneasiness. The varying effects produced by the existence of this disease, are well illustrated in these two cases.—*Lancet*, Nov. 28, 1857.

Erectile, deeply-placed Nævi.—Difficulty of Diagnosis.—Among the less frequent of the forms of congenital nævus are those which consist of venous or erectile tissue only. A good example of these latter was lately under observation in one of Mr. Cock's wards in Guy's. A healthy boy, aged 5, was admitted with a soft swelling in front of the right shoulder, which had

painlessly increased, and was now of the size of a large egg. The skin was not in the least discoloured, nor was it adherent. Fluctuation was so deceptively present that Mr. Cook was induced to puncture with a grooved needle, in the suspicion that the swelling must be either an enlarged bursa or a chronic abscess. Only venous blood flowed, but the stream of it was pretty free while the needle remained. It ceased immediately after the withdrawal of the needle, but the tumour was noticed to rapidly swell up to twice its former dimensions, and in this state the integument acquired a slightly bluish tinge. Its character had now become apparent, and a week or two after this exploration Mr. Cook excised the tumour. It consisted of a mass of erectile tissue, having no capsule, and passing under the border of the deltoid till it came in contact with the capsule of the joint. Its tissue did not contain any true vessels. The bleeding, which was pretty free, was controlled by the application of perchloride of iron. The wound healed well. In these cases there is very often no history of their having existed at birth, since, being deeply-placed, they have escaped notice. This circumstance combines with the perfect soundness of the overlying skin to make their diagnosis a matter of much difficulty. Sometimes they appear at a certain age to take on quite an active growth. Not long ago we mentioned a case in which Mr. Critchett extirpated an eyeball which had been extruded by one of these growths, of course removing also the tumour itself. The patient was a boy of 7.

—*Med. Times and Gaz.*, Oct. 24, 1857.

Linear Extraction of Soft Cataract.—That method of extraction of cataract to which, under the name of the "linear" operation, much attention has recently been given on the Continent, and especially by Graefe and his followers in Germany, has been practised with signal success in several cases at the Moorfields Hospital during the last few weeks. It is, as our readers will be well aware, no novelty there, since, under the title of extraction through a small opening, we have frequently before adverted to it.* The latter name is liable to objection, inas-

* The credit of having been the first to practise linear extraction appears to belong to Mr. Gibson, of Manchester. (*See Medico-Chir. Trans.*, vol. v.) He did not, however, complete the operation on the same day, but allowed an interval of a week to elapse between the breaking up of the lens and its removal.

much as it gives no clue to the size of the opening made, and that of linear, denoting that the corneal incision is to be about a line more or less, is certainly preferable. We shall, therefore, in future employ the latter, and it will probably come into general use, when the operation shall be as widely known as it deserves. The case of a man on whom Mr. Critchett operated on Tuesday week afforded a striking illustration of its benefits. He was the subject of very impaired vision in the left eye, the consequence of a blow; and in the right, which was his better one, by the aid of the ophthalmoscope, it was discovered that the retina in parts was detached. Still, with this eye he could see fairly, when suddenly the lens became opaque. He was thus reduced to a state of almost total blindness, and, although the nervous structure was known not to be healthy, it became exceedingly desirable promptly to get rid of the cataractous lens. The latter was of milky-white appearance, with a tinge of blue, and was equally opaque in all parts. With a broad needle Mr. Critchett made a puncture on the outer side of the cornea, about a line in width, and with the same needle lacerated the capsule, and broke up the lens. The lenticular substance itself proved to be less opaque than was its capsule. A channelled curette having been introduced, the whole of the fluid part of the lens escaped; and lastly, with a little manoeuvring, the capsule itself passed into the aperture, and, being seized by forceps, was removed bodily. The pupil was now perfectly clear. With a blunt probe a small portion of iris, which had prolapsed, was tucked back, and the pupil was then perfectly round. The man at once exclaimed that he could see. No inflammation whatever followed the operation, and when brought before the clinical class, three days after, there was nothing about the eye by which it could have been known that it had been operated on. With the aid of a glass the man could see about as well as he could prior to the formation of the cataract. In a case in which Mr. Bowman employed this method of operation in a young girl, about a month ago, the result was just as perfect and nearly as speedily attained as in the preceding. If the capsule be not opaque at the time of the operation, no attempt is usually made to remove it. The cases deemed suitable for this method are those in which the lens is soft and without a

nucleus. We have been informed that, in Paris, M. Demarres even ventures to attempt to remove dense nuclei by it, catching them in the extremity of the curette; but such practice is, we believe, deemed to be too uncertain of success to be adopted at Moorfields. It would necessitate a larger opening than is usually made, and, as it is impossible to always estimate correctly the dimensions of the nucleus, would probably, in not a few cases, result in disappointment. If the nucleus be left, it is very liable to fall down behind the iris, and become a source of irritation either to the ciliary bodies or the retina. In cases for which either of them are adapted, the linear extraction has the great advantage over the method by solution that it completes the operation at once, thus preventing the risk of local or general disturbance ensuing.—*Med. Times and Gaz.*, Sept. 5, 1857.

CLINICAL LECTURE.

Abstract of a Clinical Lecture on the Chronic Contraction of the Liver (Cirrhosis), and on the Chronic Enlargement of that organ, delivered at King's Col. Hosp., Oct. 10, 1857. By R. B. Todd, M. D.—The case selected for the lecture was that of a man named Lovett, æt. 27, who had died in the hospital on the 7th, and whose body was examined on the 8th.

The patient laboured under abdominal dropsy or ascites. This was ascertained during life to be due to that disease of the liver in which the organ becomes much shrunken and diminished in size; many portal canals become obliterated, and all more or less contracted, and the vessels in them compressed. The venous blood from the whole intestinal tract and the stomach—nearly the whole surface of the visceral peritoneum—is materially obstructed and retarded in its passage through the liver, and the overcharged vessels relieve themselves on the side where they are least covered, and the serum of the blood transudes into the peritoneal sac.

The invasion of this disease of the liver, well known by the name of *Cirrhosis*, is always insidious and obscure, and the patient is often not conscious of being ill until one of the most serious consequences of the disease begins to show itself in the enlargement of the belly, consequent on the accumulation of water in it. This was the case

with this patient, Lovett, who first observed the abdominal swelling on the first of June. He was an intemperate man, and had drank very hard, although for some time previous to the appearance of the swelling he had been leading a regular life.

The seeds of the disease, however, had been sown long previously, and, once the dropsy had begun to show itself it made gradual progress. He first became a surgical patient for a tumour in the right leg. This proved to be a chronic abscess, and was cured—the dropsy all the while gradually increasing, and on the 25th of July he was transferred to the Physicians' ward, with a belly tense from accumulated fluid.

The patient exhibited a considerable degree of sallowness, or more properly of yellowness of skin, with a yellow tinge of conjunctiva, which, although much less than we see in ordinary jaundice, was evidently due to bile retained in the blood. The yellowness was rather greater than is usually seen in cases of contracted liver. The urine contained bile, as was shown by the nitric acid test, which does not produce the play of colours unless there be a decidedly notable quantity of bile present. The day before this patient was admitted into the Physicians' ward, he vomited a large quantity of blood, as much as a pint and a half. This is a very common concomitant of this chronic disease of the liver, and of an advanced stage of it, and is caused chiefly, no doubt, by the over-distension of the vessels of the mucous membrane of the stomach, consequent on the obstructed portal circulation.

No evidence could be obtained, either by palpation or by percussion, of enlargement of the liver. Looking, then, at the evidence of obstructed portal circulation, the dropsy, the absence of signs of cardiac and venal disease, and the pre-existing symptoms, progressive emaciation with imperfect biliary excretion, we could come to no other conclusion than that the liver was of the small contracted kind.

Various diuretic remedies were used for a period of six weeks, with more or less effect in provoking an increased flow of urine, but with no effect in diminishing the size of the abdomen. The belly steadily enlarged, until its girth measured forty-three inches, and the patient's breathing became much embarrassed.

It was now resolved to tap; and on the 12th of September Mr. Hulke operated, and

drew off nearly thirty pints of straw-coloured albuminous fluid.

Although much relief followed the operation immediately, the patient showed no disposition to rally; on the contrary, he seemed to sink day by day, the belly began to fill, and became very tympanitic over the course of the colon. He died three weeks after the operation.

The post-mortem inspection showed in the expanded and patulous condition of the abdominal walls, and the remarkably vaulted state of the diaphragm, how these parts are permanently impressed by the pressure of long accumulated fluid. Overstretched abdominal parietes (as these had been) will not contract on the removal of the distending fluid, but remain flaccid and lax. It is very questionable practice to postpone tapping until such a degree of over-distension occurs.

We found signs of recent effusion of lymph, to no great extent, on the peritoneal surface of the intestines.

The liver (which was exhibited at the lecture), was very much shrunk; it was covered by an opaque membrane, and occupied a much smaller space than is natural; but it was not materially lighter, for it weighed three pounds seven ounces. Its surface was fissured and tuberculated; and a cut surface presented the knotted appearance characteristic of this form of disease. The capsule of Glisson surrounding the liver was thickened; as was also that in the larger portal canals. On section the colour of the liver was palish yellow; in this instance with less yellowness than usual; the organ, indeed, appeared anæmic. The kidneys, spleen, and other internal organs exhibited no morbid change.

Such (Dr. Todd remarked) is an average case of contracted liver with its consequences. The disease, which no doubt is most frequently the result of intemperate habits in drinking, is very common, and all the cases resemble each other to a remarkable extent. It cannot be discerned with certainty in its early stages, although no doubt a practised eye would seldom be wrong, for the chronic changes which terminate in this shrunken and contracted state of the organ, are, as I have already stated, most stealthy and insidious in their approaches.

A similar group of symptoms accompanies an enlarged, and sometimes a very enlarged condition of the liver. And systematic au-

thors, especially those of late years, regard these two conditions as one and the same disease—cirrhosis. Indeed they lay it down that the enlarged liver is an early stage of the contracted liver, and that the former, by the gradual diminution of its size, passes into the latter.

I find it impossible to accede to this view, and I am anxious to call your special attention to the two cases, that you may, as opportunities offer, direct your attention to their clinical phenomena, and watch whether the one can be traced into the other.

The chronic enlargement of the liver, which is due to intrinsic non-malignant disease of the organ, with more or less thickening of Glisson's capsule (excluding that enlargement which comes from cancerous tumour, hydatid cyst, fatty or waxy disease, serofulous deposits, as well as from biliary congestion and sanguineous congestion) this enlargement, I say, is also common in hospital and in private practice. Why it is, I do not know, but so it is, that I see more of this chronic enlargement of liver in private than in hospital practice. It is attended with some degree of a jaundiced condition—rarely considerable—but generally more than that which you see in the contracted liver. It is also accompanied by peritoneal dropsy; but this is seldom so much in quantity as that in the small liver, and accumulates more slowly, so that you do not so often meet with that extreme distension in the cases of enlarged liver as in those of the same contracted kind. You will all have observed how often, in all forms of abdominal dropsy, both peritoneal and ovarian, large veins are seen coursing over the abdomen. These are more numerous and larger in the cases of large liver than in those of small.

The prognosis in cases of enlarged liver is more favourable than in the contracted liver. It is in the former cases that tapping has sometimes ultimately proved successful, and that life has been decidedly prolonged, and the comfort of the patient much promoted by repeated tapping. In the contracted liver you can seldom tap but once; the general nutrition of the patient is at so low an ebb, that he has no power to resist or to rally from the depressing effect of the removal of so much liquid or of the invasion of even a limited amount of peritonitis.

It has often happened to me to see a marked diminution in size of some of these enlarged livers; but I have never seen one

shrink even to its normal size; much less to a size below the normal; nor have I ever seen a well-authenticated record of a case of this kind where such a contraction had taken place.

Under these circumstances I am, I think, justified in asking you to study these two states of liver, not as one and the same, but as different pathological conditions of the organ, believing that by so doing we are more likely to arrive at an exact knowledge of their real nature, than by taking it for granted (as we are apt to do now), that they are both one and the same disease.

And when I ask you to study the clinical phenomena of the large and the small liver as separate diseases, you must compare the morbid anatomy of each.

If it is true that this shrunk and contracted organ, which now lies before you, never was enlarged beyond the normal size, but has been reduced to its present state by a slow and progressive process of contraction, then it seems to us that it must be essentially different from the enlarged liver.

My own impression is, that in the contracted liver, which alone I would designate *cirrhotic*, if, indeed, it be worth while to retain that name, the disease is essentially atrophic; the wasting process begins in the cells of the liver, and that the morbid condition of Glisson's capsule seen on that portion of it which covers the surface of the organ, and is found in the transverse fissure, and in the larger portal canals, is a consequence, and not the cause of the disease of the parenchyma of the organ.

The enlarged liver, on the other hand, does not consist throughout of one morbid state. You have, contributing to the increased size of the organ, thickened Glisson's capsule, which possibly may be inflammatory in its origin; here and there you have cells gorged with fat and other biliary elements, vascular congestion, and biliary congestion; but after a time you may have in parts of this liver a shrinking process and wasting cells, similar to those which are found in the small liver.

Observe, I pray you, that I make no dogmatic assertion on this subject. I ask you simply to observe the clinical phenomena which accompany these two conditions, not as if they were one and the same, but as different pathological states. We shall then arrive at a more definite knowledge of the real differences, if such exist, in the clinical

features of the two diseases, which will afford us the best clue to the discovery of their true pathology.—*Med. Times and Gaz.*, Dec. 5, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Sorghum Saccharatum.—We have received from Jos. S. LOVERING, Esq., whose skill and success in the manufacture of sugar is known to the whole country, some beautiful specimens of sugar made by him from the *Sorghum saccharatum*. We are the more pleased at the reception of these specimens in consequence of its having been asserted by some eminent chemists that the sorghum contains only uncrystallizable sugar, and the impression was becoming general that the benefits which had been anticipated to result from the cultivation of the plant, would not be realized.

Mr. Lovering's experiments conclusively demonstrate that the sorghum contains crystallizable sugar, and in sufficient quantities to render its cultivation profitable as a sugar producing plant. From a pamphlet sent with the specimens, entitled "A Detailed Account of Experiments and Observations upon the *Sorghum Saccharatum*, or Chinese Sugar-Cane, made with the view of determining its Value as a Sugar-producing Plant, from September 28 to December 20th, 1857, at Oakhill, Philadelphia County, Pennsylvania, by Jos. S. Lovering," we learn that the plants upon which Mr. L. experimented were raised at his residence, a few miles north of the city, and that his apparatus was of the simplest kind, consisting only of the following:—

"A pair of iron rollers, seven inches diameter and twelve inches long, set in a frame one-eighth of an inch apart, with spout to catch and collect the juice, and a crank turned by hand, a few sugar moulds and pots, some ivory black or animal carbon; two filters, made of common bed ticking, in the shape of an elongated pudding bag; a thermometer, Beaumé's Pèse-Sirop, or saccharometer, and a polariscope. All the other utensils I obtained from the kitchen, viz: a copper kettle of ten gallons capacity, a ladle, some tin pans, bowls, buckets, &c., to contain the juice."

The following is Mr. Lovering's estimate of the probable yield of an acre of canes of

ordinary growth, such as he experimented on, viz:—

	SUGAR.	MOLASSES.
	Lbs.	Galls.
Actual yield as per Experiment No. 4	1221.85	74.39.
Add for inefficiency of mill, 10 p. c.		
For heating and reheating, &c.	5 "	
For footings, say but*	5 "	
20 p. c.	244.37	

Probable yield per acre . . . 1466.22 74.39

"Further, it will be observed that my acre produced but 1,847 gallons of juice. I have, however, seen published accounts of far greater yield than this. One, for instance, in this country, apparently well authenticated, reaching 6,800 gallons per acre, which, according to actual results, would produce 4,499 lbs. of sugar, and 274 gallons molasses; and according to the foregoing probable results, would yield 5,389 lbs. sugar, and 274 gallons to the acre. I do not pronounce such yield of juice impossible, but it will certainly be of rare occurrence. A mean between this and my yield would be a large return.

"Another subject worthy of notice, is the nature of the season. My impression is, that owing to the lateness and coldness of the spring, and the continued wet weather, the last has been quite an unfavourable season for the ripening and development of the sugar in the juice, to which cause I think a deficiency in the yield of at least ten per cent. may be attributed, which would further increase the quantity to 1,612 lbs. of sugar, and 81 $\frac{3}{4}$ gallons molasses, a yield very nearly corresponding with that of the best conducted plantations of Louisiana, as will be seen by the following figures, which I have collated from a minute statement furnished to me by the enterprising proprietor of one of the most complete and costly establishments in that region (it being furnished with vacuum pans, and all the most approved machinery of latter times, and conducted under his own personal supervision), of the actual product of one of his plantations of 266 acres for eight consecutive years. These figures will also furnish useful data for the estimation of the cost of production here, viz:—

* These two latter gains in sugar would be made at the expense of the molasses, taking from it the gain which would be realized by the use of a better mill, and therefore leaving the quantity of molasses unchanged.

Aggregate yield of juice from 266 acres for 8 consecutive years . . 4,767,700 galls.
Aggregate yield of sugar . . . 8,626,425 lbs.
" " molasses . . . 217,585 galls.

Comparison.

LOUISIANA.	PENNSYLVANIA.
Yield of juice per acre . . . 2,236 galls.	1,847 galls.
Density of juice (Beaumé) . . . 8.44°	10°
Yield of sugar per gal. of juice . . . 0.76 lbs.	0.66 lbs.
Yield of sugar per acre 1,704 "	{ Actual 1,221.85 "
Yield of molasses per acre . . . 102 galls.	{ Probable 1,612.00 "
Wood consumed per acre, 3.87 cords, at \$2.50 per cord.	{ Actual 74.39 galls.
Coal for engine, 0.41 tons, at \$2.50 per ton.	{ Probable 81.63 "
Labour, per acre, 3.70 days.	

The following are Mr. L.'s conclusions:—

"1st. That it is obvious that there is a culminating point in the development of the sugar in the cane, which is the best time for sugar making. This point or season I consider to be when most, if not all the seeds are ripe, and after several frosts—say when the temperature falls to 25° or 30° F.

"2d. That frost, or even hard freezing, does not injure the juice nor the sugar, but that warm Indian summer weather, after the frost and hard freezing, does injure them very materially, and reduces both quantity and quality.

"3d. That if the cane is cut and housed, or shocked in the field when in its most favourable condition, it will probably keep unchanged for a long time.

"4th. That when the juice is obtained, the process should proceed continuously, and without delay.

"5th. That the clarification should be as perfect as possible by the time the density reaches 15° Beaumé, the syrup having the appearance of good brandy.

"6th. That although eggs were used in these small experiments, on account of their convenience, bullock's blood, if to be had, is equally good, and the milk of lime alone will answer the purpose; in the latter case, however, more constant and prolonged skimming will be required to produce a perfect clarification, which is highly important.

"7th. That the concentration, or boiling down, after clarification, should be as rapid as possible without scorching, shallow evaporators being the best.

"With these conditions secured, it is

about as easy to make good sugar from the Chinese Cane as to make a pot of good mush, and much easier than to make a kettle of good apple-butter."

It may be interesting to state, that we learn from other sources that every part of the sorghum may be employed for some useful purpose. Thus the leaves, and also the scum which rises in boiling the juice, constitute very fattening food for cattle, and from the fibre of the cane left after the juice is expressed, paper of good quality may be made.

American Medical Association.—The Eleventh Annual Meeting of this Association will be held in the city of Washington on Tuesday, May 4, 1858. The Secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the Secretary, *Alexander I. Semmes, Washington*, correct lists of their delegations as soon as they may be appointed; and the Committee of Arrangements earnestly desire that the appointments may be made at as early a period as possible.

Bellevue Hospital.—We learn, with great satisfaction, from the January number of the *New York Journal of Medicine*, that the Committee of the Board of Alms house Governors, to whom was referred the resolution of inquiry as to the expediency of introducing the homoeopathic practice into this Institution, have reported unfavourably to any change in the Medical Board, and deprecate the introduction of any other system of medical practice than that now employed.

Consolidation.—The *Western Lancet* and the *Cincinnati Medical Observer* have been consolidated, and will appear under the title of *The Cincinnati Lancet and Observer*, to be edited by *Dr. Mendenhall, Murphree, and Stevens*. Dr. Blackman, during his year of editorship, has conducted the *Lancet* with ability, and has uniformly upheld the honour and dignity of the profession. We therefore part with him with regret from the editorial ranks.

Physicians' Pocket Day-Book.—Messrs. C. J. Price & Co. have just published a useful pocket volume under this title. It contains an Almanac, Tables of Comparative

Medicinal Doses, Poisons and their Antidotes, British and French Medicinal Measures, Atomic Weights, and Combining Proportions, Articles of Diet, Comparative Thermometric Scales, Baths, Simple and Medicinal, Tables of Doses of all the principal Preparations of the Pharmacopoeia, Visiting List and Index, Blanks for Monetary Engagements, Bank Account, Nurses' Addresses, Bills and Accounts asked for, Vaccination and Obstetric Engagements, a list of English, French, and American Medicinal Periodicals, &c. &c.

Registration of Births, Marriages and Deaths.—If any statistical inquiry be invested with peculiar importance, it is that which ascertains the number of deaths in particular districts, examines the nature of fatal diseases, and seeks by comparing the conditions under which various forms of disease chiefly flourish, to arm the state with power to save. In twenty-six European States systems of registration are in operation, and France is at last about to institute such a system. In several of the States of this country this system is in operation, but a majority of them have not yet commenced to deal with this highest relation of statistical science to social progression. In Pennsylvania, where the system was inaugurated a few years since, we are mortified to confess, it has been abandoned, and that there is little prospect that the State will recall this retrograde step in social progress.

FOREIGN INTELLIGENCE.

Antidote to the Alkaloids of Belladonna, Stramonium, and Hyoscyamus.—A paper of unusual practical importance was read at the Medico-Chirurgical Society on Tuesday. Dr. GARROD made known that caustic alkalies destroyed the narcotic alkaloids of belladonna, stramonium, and hyoscyamus, and that even in the dilute form of ten minims of liquor potassae to the ounce of water, the peculiar properties of henbane and the other narcotics, are completely neutralized. Thus one of our most common prescriptions is shown to be a mistake. In the discussion, Dr. Garrod announced the very important fact that animal charcoal is an efficient antidote for the three alkaloids

above mentioned.—*Med. Times and Gaz.*, Nov. 28, 1857.

Dry Cupping in Typhoid Fever.—Affections of the respiratory organs occurring in the course of typhoid fever constitute a very dangerous complication; and M. Becher has treated them of late at the Beaujon with great success by the application of large numbers of dry cupping-glasses to the chest, and especially to the lower extremities. The number has varied from twenty to eighty cups, divided into two series, one applied in the morning, the other in the evening. The number in some patients has amounted to five hundred in ten days. Large ecchymoses form on the limbs, but these have never given rise to the least mischief; while the thoracic symptoms become effectually relieved. M. Becher declares that since he has followed this plan, the mortality of these fevers with this heretofore dangerous complication has fallen to zero; and M. Bourdon, of the Lariboisière, reports as favourably. M. Becher has not found the same benefit result in the comatose form of typhoid fever.—*Ibid.*, from *Bell. de Thérap.*, Nov. 15.

Treatment of Intermittent Fever by Douches of Cold Water.—M. FLEURY has addressed a note to the French Academy of Sciences announcing that he has treated successfully 114 persons, attacked with intermittent fever, simply by *douches* of cold water. Forty-three of these cases were recent and 71 old, and had resisted other treatment. In all these last cases, there was a swelling of the spleen or the liver, or of both, and a state of anemia or even of cachexia. In some there was a complication of dysentery, hematuria, scurvy, albuminuria or hallucinations. No other mode of treatment had been employed but cold *douches*, and there has been only one reappearance of the disease. Only one *douche* has been enough to cure in some cases, never has it been necessary to employ more than five. This influence of the *douche* exists only when it is applied just before the fever sets in, or immediately after it has begun.—*Med. Times and Gaz.*, Dec. 12.

Coffee and Lemon-juice in Ague.—M. VON HOLSBECK draws attention to a mode of treatment he has found useful. Infuse an ounce of well-roasted coffee in three

ounces of boiling water, and having strained the fluid, acidulate it with lemon-juice. The whole is given at once, five hours before the paroxysm.—*Med. Times and Gaz.*, Dec. 12, 1857, from *Presse Belge*, No. 42.

Iodine in Obstinate Vomiting of Pregnancy.—M. EULENBERG strongly recommends tincture of iodine for obstinate vomiting. Other practitioners have tried it with varying results; but according to the experience of MM. Becquerel and Buisson, the tincture acts most advantageously when combined with iod. of pot. The following is M. Buisson's formula: Tr. iod. ʒj; Iod. pot. ʒiiss; Aq. dest. ʒxxx. A tablespoonful is placed in a glass of sugared water, and this is to be divided into three doses, to be taken during the day.—*Ibid.*, from *Gaz. Hôp.*, No. 137.

Ointment for Tinea Tarsi.—The following ointment is successfully used at the Hospital for Skin Diseases: R. Acet. plumbi, Oxid. zinci, Ung. hydrarg. nitrat., ʒʒ ʒj; Calomel ʒss; Axung. ʒvj; Ol. Elais Guiniensis, ʒv. M. To be applied night and morning, first thoroughly removing the crusts.—*Ibid.*

The Caustic Mania spreading in France.—M. MAISONNEUVE is known in Paris as a bold, enterprising, and successful surgeon; but this very boldness is apt to make him undertake hazardous operations, and causes him to jump at conclusions when he is under the belief of having discovered a new and effective method of operating. Some time ago, this excellent surgeon was carried away by too much enthusiasm respecting a mode of curing strictures of the urethra, instantaneously, by means of intra-urethral section and immediate sudden dilatation. This mode of operating did not come off very brilliantly after a warm discussion at the Surgical Society of Paris; and now we have had the same Society called upon to discuss the value of chloride of zinc for the complete removal of cancerous breasts, with partial aid of the knife.

Whether M. Maisonneuve has borrowed the scoring method from Dr. Fell, we know not; but the French surgeon states that "he has succeeded in removing very large tumours of the breast, by a new manner of cauterizing, in the space of eight or ten days." The author plunges a straight bistoury into

the tumour from circumference to centre, and introduces into the solution of continuity thus made a piece of chloride of zinc, to which the name of "arrow" has been given. This piece is allowed to remain, and the operation is repeated all round the circumference of the tumour, at intervals of two-thirds of an inch. Pain, according to M. Maisonneuve, lasts several hours, but is not very distressing. No hemorrhage is to be feared with this caustic; and so great is its hemostatic power, that it has been known to destroy the femoral artery without causing any hemorrhage. The caustic is considered to limit its action to morbid tissues, and never to trespass on the intercostal spaces, except the diseased parts encroach upon those regions. The author, who has hitherto handled the knife very skilfully, is so impressed with the advantages of caustics, that he ardently prays for the abandonment of the former and more general use of the latter.

But it is plain that M. Maisonneuve, before effecting such a revolution, must bring a sufficient number of facts before the profession, as has been well remarked by M. Forget in a clever article inserted in *L'Union Médicale* of the 1st December of this year. He must show, by actual cases, that erysipelas and purulent absorption, as he mentions, never occur after the use of the caustic. Cases have indeed been mentioned by M. Follin where the caustic alone (and not aided by previous thrusts of the bistoury, according to M. Maisonneuve's method) was used, with eventual erysipelas in one case, very tedious suppuration in another, and actual death in a third. It is also very difficult to understand, as has been very properly remarked by M. Gosselin, in virtue of what principle caustics should shield from erysipelas and purulent absorption, when we find that they are made to act upon tissues very deeply situated. We are taught, on the contrary, by pathologists, that abundant and protracted suppuration after burns, or following contused wounds exposes patients to purulent infection. Nor can the sojourn of sphacelated tissue for several days upon the frame be harmless. Pain is much more severe than the supporters of the caustic will allow; and a case was mentioned, at the meeting of the Surgical Society alluded to above, in which the agony was very distressing, and the patient died from hemorrhage of the axillary artery, the caustic having been carried into the armpit. As to

limitation of the action of the caustic, it is a property not to be trusted; for a case was mentioned where the removal of a cancerous breast by the caustic had given rise to a pleuro-pneumonia, which had caused death. This was ascertained by a post-mortem examination. In short, in France as in England, it still remains to be shown that caustic is better, or even as good, as the knife. There is only one circumstance which might give chloride of zinc, or any other destructive agent, pre-eminence, viz., the faculty of preventing recurrence; but that has not as yet been proven.—*Lancet*, Dec. 12, 1857.

Influence of Sickness in reducing the Strength of an Army.—Prof. TUFNELL in his introductory address makes the following interesting remarks on this subject:—

The influence of sickness in producing casualty in war may be learnt from the history of every campaign, and from none more forcibly than that recently terminated with Russia. It has too sadly demonstrated this, but it has also shown that the real security for ultimate success in war lies not so much in the number of sabres, bayonets, and artillery that we can bring into the field as in the number of men whom we can keep in the field, and these in health and vigour, during a continued struggle. The loss of life in the Crimea from wounds was as nothing to the loss of life by disease. The total number killed in action, and dying from wounds of every kind, from the date of the first landing down to the capture of Sebastopol, from first to last of the war, amounted only to 4446, and this out of an army, in the aggregate, of immense force; whilst the number withdrawn by sickness from a total of only 23,391 men, at a single period, was no less than 12,025; so that 11,367 effectives had not only to perform their own duty, but, in addition, that of 12,025 who were sick.

Let us take, however, a more extended view still. England landed in Turkey and in the Crimea 93,901 men, of whom 30,000 were lost to the country, either dead or invalided, within the short period of eighteen months; and of these men only one out of every thirteen admitted into hospital was placed there in consequence of wounds. Of those who died comparatively few were carried off by epidemic; the rest perished by disease which was capable of mitigation, if not entirely of prevention. This destruction

of life, too, was not confined to the human species, for of the cavalry horses 401 only were killed in action, including the loss in the gallant Balaklava charge, whilst 2226 died by disease during the war.

It is a perfect fallacy, therefore, to believe that it is the enemy that should be feared in war; on the contrary, it is disease only that we need dread. These facts I have brought forward in order to demonstrate the influence which disease exerts in reducing the efficiency of an army; and also the importance of directing the utmost attention to remedial measures. These measures must of necessity devolve upon the Medical Department; wherefore it is of the greatest importance to the soldier, and to the country, that due weight and consideration should be given to it.

The improvements which have recently been made in the different forms of projectile weapons have certainly tended to increased destruction of life and limb; but the disadvantage which the soldier labours under, in this respect, he looks to you, gentlemen, to compensate him for by the improved practice of your art.—*Lancet*, Dec. 12, 1857.

Loss of French Troops in the Crimea.—Dr. SCRIVE, who acted as Physician-General to the French army during the last war with Russia, has just published a book which contains a painful account of the losses and sufferings endured by the French troops landed in the East, but particularly by those engaged in the siege of Sebastopol. Of 309,278 officers and men sent from France during that short war, 200,000 entered the hospitals, and were treated professionally, 50,000 for wounds received in action, and 150,000 for diseases of various kinds contracted during the campaign. The first troops which embarked in France were attacked with cholera, which followed them to Athens, Gallipoli, Varna, and the Dobrudzsch. On their arrival before Sebastopol the cholera again attacked them, and the receptions in the military hospitals during the month of January, 1855, amounted to 9,000. They were chiefly treated for cholera, scurvy, frost-bites, and wounds of every description. Typhus fever shortly after set in. The health of the army was better during the spring of 1855, but the cholera reappeared in July, and placed 4,500 men *hors de combat*. Typhus fever set in again, and added to the mortality. On

the 8th of September, Sebastopol was taken by the allied armies, but, nevertheless, between the 1st of September, 1855, and the 1st of April, 1856, of 145,120 French troops under arms in the Crimea, 48,000 entered hospitals. Dr. Scrive says that the scurvy prevailed at this period, the constitution of the men being impaired through fatigue and privations. He further adds, that the most disastrous period of the campaign, in a medical point of view, was during the months of February and March, 1856. A violent typhus, engendered by the infection of the heaps of refuse in the camp, struck down more than 19,000 soldiers at the end of the campaign, notwithstanding the precautions adopted by the medical staff. It is said that the number of sick in hospital, in proportion to the force under arms, was never so great in any former campaign. Of the medical staff, 83 physicians or surgeons fell victims to their devotedness—"an enormous figure," observes the author, "when one reflects on the small number employed."—*Med. Times and Gaz.*, Nov. 28, 1857.

Mortality amongst the Russian Army Medical Officers.—The Russian *Medical Gazette* announces the loss of 382 medical officers attached to the army in the Crimea during the late war. The whole number of the medical staff is not mentioned; hence the ratio of deaths does not appear.

New Process for making Bread.—Some months ago a notice appeared of a new process of bread-making, which had been patented by Dr. Dauglish, of Carlisle. The theory has been reduced to practice; and a machine on the new principle is now in operation. According to the ordinary process, fermentation is produced by the action of the yeast upon the particles of starch in the flour, thus liberating minute bubbles of carbonic acid gas which permeate the entire mass of the dough, and make it "rise." The chemical change, however, which here takes place is such that it has been estimated by M. Dumas that in France 17½ per cent. and in England 8½ to 12 per cent. is wasted by the decomposition which takes place in the process of fermentation. In the new process patented by Dr. Dauglish no yeast or baking powder is used, the rising of the dough being effected by carbonic acid gas. The idea of making bread with aerated water is not a new one; a pa-

tent was taken out for such a process some years ago, but it was then found that when the flour was mixed with the impregnated water the gas escaped before the bread had time to rise. The novelty of Dr. Daughlish's patent consists in preventing the escape of the gas from the water by subjecting the materials to an outward pressure of carbonic acid gas while the flour is being mixed with carbonated water. The carbonic acid gas is generated in such apparatus as is usually employed by soda-water manufacturers; the gas is pumped into a large reservoir, from which it is forced, as it is required, into a vessel containing water, the absorbing power of water for carbonic acid being very great. The kneading machine is a strong iron retort, fitted with air-tight lids, and provided with revolving prongs in the inside for mixing the dough. In the machine now in operation, this retort is capable of containing 40 stones of flour. Into this are put 20 stones of flour with the requisite amount of salt. A stream of carbonic acid gas is forced into the retort, and a sufficient quantity of carbonated water is admitted and well mixed with the flour and salt; the gas with which the water is impregnated being prevented from escaping by the pressure of the ambient carbonic acid gas. As soon as the flour and water are mixed, a pipe is opened and the loose gas is let out. The consequence of the pressure being taken away from the surface of the paste is, that the gas which was held in solution by the water operates in precisely the same manner as the gas in a bottle of soda-water when the cork is removed, the dough rises and fills the retort, occupying twice as much space as before. The bread is then ready for being worked into loaves—the only operation that will necessitate handling. The rising can be regulated by the pressure of gas; so that, did the strength of the machinery permit, the bread might be made of almost any lightness. The pressure of the gas, and the quantity of water admitted, are regulated by gauges.—*Med. Times and Gaz.*, Dec. 12, 1857.

Insanity and Crime.—The Courts of Law constantly afford proofs that among young children there is a form of insanity which, beginning in what might be termed mischief-disease, ends in offences against human life of the most fearful kind. The newspapers, this week, afford some examples of offences

of this kind, committed apparently without the slightest provocation. The first and most extraordinary instance we find quoted in a continental journal. A little boy, not more than nine years of age, having enticed five of his companions into a large box, shut the cover down, and sat cross-legged upon it, seeming to enjoy the groans of his expiring playmates. After he had discovered by inspection that they were all dead, he proceeded to a field, and flew his kite, apparently without one pang of remorse for the dreadful murder he had just committed! In the Lambeth Police Court, on Tuesday, an inquiry took place respecting a similar unpremeditated and unmeaning attack upon human life, made by a lad named James Reynolds, sixteen years of age. It appears that, a fortnight since, he was seen, without the slightest provocation, to take up a child of seven years of age, and throw it into the Surrey Canal; and then, as if to make the crime more marked, he went to the person who had charge of the little one, and informed her that it was drowned. The child was fortunately rescued; but the act was completed as far as lay in the power of the lad. We do not know what course will be taken with the perpetrator of the fivefold homicide, for we cannot call it murder; but in the latter case the lad was fined £5, and, in default, two months' hard labour! Now, there can be no matter of doubt that both offenders were labouring under a certain form of madness; and to fine, or to punish them by a slight term of incarceration, is absurd. They should be removed permanently from society; if not, we may expect to hear of a repetition of these fearful acts. It is one of the maxims of law, that it is necessary to prove some motive for the perpetration of an extraordinary offence; but the insane perform the most extraordinary acts without the slightest shade of motive, speaking in a natural sense; and in the latter of these cases we have an apt example of the errors lawyers may commit, unlightened as they are by the truths of psychological medicine.—*British Medical Journal*, Nov. 21, 1857.

A Variorum Edition of the Siamese Twins.—At the meeting of the Academy of Medicine of the 28th ult., a most curious phenomenon in embryogeny was communicated by Dr. Depaul. A woman, aged twenty-nine, already the mother of five

children, living in the Rue des Poulies, at St. Denis, has given birth to a double monstrosity. It consists of twin children, joined together, and in some respects resembling that of the Siamese twins, but differs from it in other points of physiological detail. These twins are united, not by the side, but in the median line, from the umbilicus to the pubis exclusively. This prevents them from being suckled naturally; for it were impossible to give the breast to one without stifling the other. They are fed, therefore, from the bottle. These two children offer, as we have said, striking physiological differences. Thus the one has blue eyes, the other brown. They do not sleep at the same time; and it happens but too often that the one begins to cry when the other falls asleep; the immobility of the one seems to excite in the other wilful impulses of locomotion and of turbulence. In one word, and contrary to what was seen with the Siamese twins, who appeared to have but one will, and simultaneously performing the same acts, these twins are in constant opposition to each other.—*Lancet*, Nov. 14, 1857.

General Hospital at Vienna.—By the new regulations, this vast establishment is divided into twelve sections—viz., six for the treatment of internal diseases, three for surgical affections, and three for the specialties, syphilis, skin diseases, and eye diseases. Over the whole Dr. Helm, the Medical Director, is placed; and each of the twelve sections has its first physician, second physicians of the first and second class, and aspirants. The whole of these medical officers sleep within the walls of the establishment, as far, at least, as the accommodation permits. The first physician and surgeons are not allowed, except with the sanction of the Minister, to undertake any professional occupation. This rule, not being retrospective, does not embrace Professors Hebra and Sigmund, who are engaged in teaching. On the 14th October there were 1,844 indoor patients under treatment.—*Med. Times and Gaz.*, Nov. 21, 1857.

Subjects in Vienna.—During the last fortnight the Medical professors and students at the General Hospital of Vienna have been in a state of great excitement and irritation. The Archbishop of Vienna not long since gave orders that all the persons

who died in the various Hospitals, and in the Lying-in and Foundling establishments, should be buried without either post-mortem examination or dissection; and the consequence of the measure is that, during the last ten or fifteen days, there has only been one subject in the great dissecting halls of the General Hospital. Vienna was proud, and had good reason to be proud, of its Medical School, but the Concordat has given into the hands of the clergy the power to ruin its reputation. According to a decree of Joseph II., the body of every person who died in the public Hospital was to be opened or dissected, as the case might be; but the imperial ordinance has, *de facto*, been abrogated by the Cardinal Archbishop of Vienna.

Dr. Scoutetten.—Dr. Scoutetten, chief medical officer of the Military Hospital at Metz, has just received from the Emperor of Russia the cross of the second class of the order of St. Stanislaus, as a special testimony of the regard of Alexander II. for the attention the doctor paid to the Russian prisoners during his stay at Constantinople, as the head of the French hospitals.

MM. Andral and Bérard.—M. Andral, Professor of Pathology and General Therapeutics, and M. Bérard, Professor of Physiology to the Faculty of Medicine of Paris, have been authorized, on account of their bad health, to decline lecturing during the first semester of 1857-8. M. Lasèque is to act as M. Andral's substitute, and M. Beclard as M. Bérard's.

Medical Reform.—It would be a happy day for medicine which inaugurated so radical a reform as that all future members of the profession should possess a degree in arts. At present, however, it would be almost Utopian to expect to accomplish an undertaking of so great a magnitude. Permanent and healthy advances are not made *per saltum*, they grow out of the steady pressure of a public opinion, the growth of which is itself slow and gradual. It is not by sudden transition, either in the moral or the physical world, that the highest developments are reached. So we must endeavour to help on the tendency of the times rather to push forward to an advance for which society is hardly as yet prepared.—*Lancet*, Dec. 12, 1857.

Influenza in England.—Influenza in an epidemic form, it is stated (*Med. Times and Gaz.*, Dec. 5, 1857), is threatening England as it did in 1847. As a precursor of cholera, this disease should be watched with peculiar interest. Diphtheritis is also spreading over the country.

Medical Students in Paris.—The number of medical students taking out inscriptions for 1857-8 amounts to 901 for the Doctorate, and 126 for the grade of *Officier de sante*—total, 1027. The number of new inscriptions amounts to 158. Last year the total was 1000, of which 126 were new. The following is a comparison of the last eight years:—

1850 . . .	1223	inscriptions	429	new
1851 . . .	1300	"	313	"
1852 . . .	1437	"	334	"
1853 . . .	1055	"	158	"
1854 . . .	964	"	151	"
1855 . . .	966	"	180	"
1856 . . .	1000	"	126	"
1857 . . .	1027	"	158	"

Medical Students in Dublin.—The number of medical students in Dublin who have entered for dissections during the present session is 473; to these may be added about 100 attending on lectures but are not dissecting, and it will show the whole number of medical students to be about 573.

Yellow Fever at Lisbon.—Since the 9th of September last, yellow fever has raged in Lisbon, and during one hundred and five days 13,482 cases occurred, with 4,759 deaths. The last cases were reported on the 22d of December, and the plague was apparently stayed by the setting in of cold weather. Twenty years ago, it was generally believed that yellow fever, in its virulent epidemic form, was confined to inter-tropical regions; but, of late years, it has crept along the coast of America to places where it was formerly altogether unknown, and has now attacked, in a malignant form, a city of Europe, situated in latitude 38° 43'. The French authorities have therefore taken the alarm, and wisely adopted precautions to avert, if possible, the outbreak of the disease in France. The lazarettos, which have been long disused, are preparing for the reception of invalids; and Dr. MALIK, Inspector-General of the French sanitary services, is making a tour of the ports, and

adapting rules in each of them for the due establishment of quarantine. One large transport ship, which arrived from Senegal with 186 invalids on board, has been prevented from landing her passengers at Brest, because she had unfortunately entered the Tagus on her passage, although no yellow fever appeared on board. In such cases, the International Sanitary Convention decrees that ten days must elapse without the occurrence of yellow fever between the touching at an infected port and the removal of quarantine.—*Lancet*, Jan. 9, 1858.

Cholera.—This disease is very prevalent and fatal at Bagdad.

Prizes.—The Academy of Medicine of France has adjudged the Civrieux Prize of 1,500 francs to M. MAX SIMON for his essay on "Nervous Vertigo;" and the first Capuron Prize of 1,000 francs to Mr. MORDELET for his essay on "Sudden Death in the Puerperal State." Twenty-two essays were presented for the Argenteuil Sexennial Prize of 12,000 francs, for the greatest improvement in the treatment of stricture; and the Committee were obliged to postpone its report until next year.

Faculty of Medicine at Paris.—M. MARC SZY, as the result of a brilliant *concours* just concluded, has been appointed to the important post of *Prosecutor* in the Paris Faculty.

Sydenham Society.—We regret to announce that this Society has been dissolved. Great efforts are, however, being made to reconstruct it. Should these be successful, as we sincerely hope they may, the works which will be issued will be more modern, and of a more practical character than those issued by the old Society.

OBITUARY RECORD.—Died, at Acton, on the 2d of January, 1858, FORBES ROYLE, M. D., formerly Professor of Materia Medica at King's College, and author of the well known manual of Materia Medica.

— At Georgetown, British Guiana, in November, 1857, DANIEL BEATT, M. D., the author of a most valuable and elaborate paper on yellow fever.

— On the 27th of December, 1857, M. BAUDENS, one of the chief Medical Inspectors of the French army.